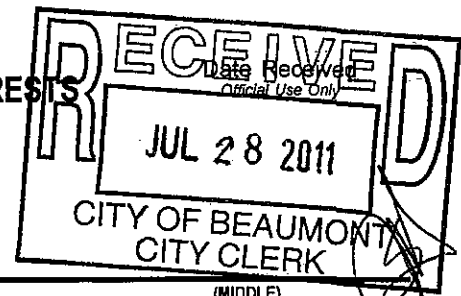


CALIFORNIA FORM 700  
FAIR POLITICAL PRACTICES COMMISSION  
AMENDMENT

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE  
A Public Document



TP

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fox Jeffrey Hugh

1. Office, Agency, or Court

Agency Name  
City of Beaumont Council Member  
Division, Board, Department, District, if applicable Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Beaumont ☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.  
-or-  
The period covered is \_\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
☐ The period covered is January 1, 2010, through the date of leaving office.  
☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☒ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

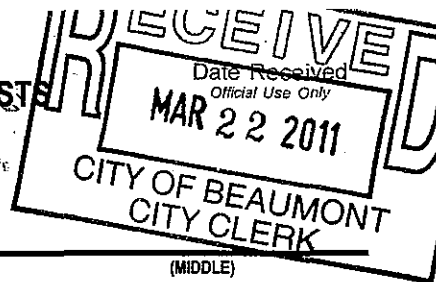
☐ None - No reportable interests on any schedule

I have used all reasonable diligence in preparing this statement. I have reviewed herein and in any attached schedules is true and complete. I acknowledge this  
I certify under penalty of perjury under the laws of the State of California

Date Signed 7-28-11  
(month, day, year)

Sign

2011 MAR 24 AM 11:13



Please type or print in ink.

NAME OF FILER (LAST) (FIRST) (MIDDLE)  
Fox Jeffrey Hugh

1. Office, Agency, or Court

Agency Name

City of Beaumont

Council Member

Division, Board, Department, District, if applicable

Your Position

► If filing for multiple positions, list below or on an attachment.

Agency: \_\_\_\_\_ Position: \_\_\_\_\_

2. Jurisdiction of Office (Check at least one box)

- ☐ State ☐ Judge (Statewide Jurisdiction)  
☐ Multi-County \_\_\_\_\_ ☐ County of \_\_\_\_\_  
☒ City of Beaumont ☐ Other \_\_\_\_\_

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The period covered is \_\_\_\_\_, through December 31, 2010.  
☐ Assuming Office: Date \_\_\_\_\_  
☐ Leaving Office: Date Left \_\_\_\_\_  
(Check one)  
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☐ The period covered is \_\_\_\_\_, through the date of leaving office.  
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4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 1

- ☐ Schedule A-1 - Investments - schedule attached  
☐ Schedule A-2 - Investments - schedule attached  
☐ Schedule B - Real Property - schedule attached  
☐ Schedule C - Income, Loans, & Business Positions - schedule attached  
☐ Schedule D - Income - Gifts - schedule attached  
☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☒ None - No reportable interests on any schedule

5. Verification

MAILING ADDRESS STREET CITY STATE ZIP CODE  
(Business or Agency Address Recommended - Public Document)  
1263 Wellwood Avenue Beaumont CA 92223  
DAYTIME TELEPHONE NUMBER E-MAIL ADDRESS  
( 909 ) 891-9620

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete. I acknowledge this is a public document.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date Signed 3-22-11  
(month, day, year)

Signature

(d)(5)

**SCHEDULE C**  
**Income, Loans, & Business**  
**Positions**  
(Other than Gifts and Travel Payments)

**CALIFORNIA FORM 700**  
FAIR POLITICAL PRACTICES COMMISSION  
**AMENDMENT**

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
Banning RV Discount Center

ADDRESS (Business Address Acceptable)  
910 State Highway 60, Beaumont, CA 92223

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
Sales

GROSS INCOME RECEIVED  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☒ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership  
☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
☐ Other \_\_\_\_\_  
(Describe)

► **1. INCOME RECEIVED**

NAME OF SOURCE OF INCOME  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
\_\_\_\_\_

YOUR BUSINESS POSITION  
\_\_\_\_\_

GROSS INCOME RECEIVED  
☐ \$500 - \$1,000      ☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000      ☐ OVER \$100,000

CONSIDERATION FOR WHICH INCOME WAS RECEIVED  
☐ Salary      ☐ Spouse's or registered domestic partner's income  
☐ Loan repayment      ☐ Partnership  
☐ Sale of \_\_\_\_\_  
(Property, car, boat, etc.)  
☐ Commission or      ☐ Rental Income, list each source of \$10,000 or more  
\_\_\_\_\_  
☐ Other \_\_\_\_\_  
(Describe)

Comments: \_\_\_\_\_

► **2. LOAN RECEIVED**

You are not required to report loans from commercial lending institutions, or any indebtedness created as part of a retail installment or credit card transaction, made in the lender's regular course of business on terms available to members of the public without regard to your official status. Personal loans and loans received not in a lender's regular course of business must be disclosed as follows:

NAME OF LENDER  
\_\_\_\_\_

ADDRESS (Business Address Acceptable)  
\_\_\_\_\_

BUSINESS ACTIVITY, IF ANY, OF LENDER  
\_\_\_\_\_

HIGHEST BALANCE DURING REPORTING PERIOD  
☐ \$500 - \$1,000  
☐ \$1,001 - \$10,000  
☐ \$10,001 - \$100,000  
☐ OVER \$100,000

INTEREST RATE      TERM (Months/Years)  
\_\_\_\_\_ %      ☐ None

SECURITY FOR LOAN  
☐ None      ☐ Personal residence  
☐ Real Property \_\_\_\_\_  
Street address  
City  
☐ Guarantor \_\_\_\_\_  
☐ Other \_\_\_\_\_  
(Describe)

**Verification**

Print Name Jeffrey H. Fox      Office, Agency or Court Council Member

Statement Type      ☒ 2010/2011 Annual      ☐ \_\_\_\_\_ Annual      ☐ Assuming      ☐ Leaving      ☐ Candidate  
(yr)

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that

Date Signed 7-28-11      Signature \_\_\_\_\_  
(month, day, year)

(d)(3)(5),(d)(5)